

COVER PAGE RECEIVED

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2009-01-03 PM 2:21 A Public Document PM 6:03

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
villapudua	Carlos			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

SAN JOAQUIN COUNTY SUPERVISOR

Division, Board, District, if applicable:

District one

Your Position:

County Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of San Joaquin

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____ through December 31, 2009.

☐ Leaving Office

Date Left: ____/____/____

(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____ through the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed ____/____/____

Signature _____

(File the originally signed statement with your filing official)